



Winter 2014 Women's Volleyball League

LEAGUE INFORMATION:

- **10** matches guaranteed, one match per week. Playoffs optional.
- Game night: Wednesday
- South Bellevue Community Center and Tyee Community Gym.
- For experienced players/teams.
- Format: 6-on-6, minimum 4 on the court at all times.
- Self-Officiated.
- USAV rules with house modifications. See league rules: http://bellevuewa.gov/pdf/parks/2012_vb_rules.pdf
- Individuals can be placed on the Interested Players List. Contact Shirley Louie at (425)452-4479, slouie@bellevuewa.gov.

IMPORTANT DATES:

- **Fri Nov 1, 2013** – Registration opens for Bellevue residents & returning teams.
- **Fri Nov 8, 2013** – Registration open for everyone.
- **Sat Nov 30, 2013 4:30 pm** - Registration & Payment Deadline
- **Jan 8 – Mar 31, 2014** - League Play

COSTS:

- League Fee: **\$300** per team
Nonrefundable if requested less than 3 weeks prior to start of league play. \$10 administrative fee if refund granted.
- Non-resident Fee: **\$10** each player **not residing** in Bellevue (zip codes 98004-98008)

REGISTRATION REQUIREMENTS:

- Registration Form
- Team Roster **with residence addresses**
(Online Registration: roster due 3rd week of games along with final changes)
- Full League Fee.
(Company Sponsorship: credit card number required – will be charged if sponsorship check is not received by the 1st game)
- Non-Resident Fees, if applicable

PAYMENT OPTIONS:

- Cash, Checks, Visa, and MasterCard accepted.

REGISTRATION OPTIONS:

- Online Registration <http://parksreg.bellevuewa.gov>
- Drop-Off Location: Bellevue City Hall
Service First Desk
450 110th Ave NE
Bellevue, WA 98004
- Mailing Address: Shirley Louie
Bellevue Parks/Enterprise Division
PO Box 90012
Bellevue, WA 98009-9012

- E-mail Address: slouie@bellevuewa.gov
- Fax: (425) 452-7221
Attn: Shirley Louie

FOR MORE INFORMATION:

Bellevue Parks & Community Services:

- League Coordinator: Shirley Louie - (425) 452-4479, slouie@bellevuewa.gov
- League Administrator: Jon Wilson – (425) 452-4278, jwilson@bellevuewa.gov

City of Bellevue websites:

- http://bellevuewa.gov/parks_adult_sports_leagues.htm
 - <http://parksreg.bellevuewa.gov>
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Team Registration Form

Fall [] Winter [<input checked="" type="checkbox"/>] Spring [] Year [2014]					
Team Name:			Sponsor (if applicable):		
Manager's Name:			Phone: (cell) (day) (evening)		
Street Address:			Fax:		
City, State, Zip:			Email Address:		
League Preference: <input type="checkbox"/> Wednesdays			Payment Enclosed (check all that apply): <div style="text-align: right;">_____ \$300 Team League Fee <i>Nonrefundable if requested less than 3 weeks prior to start of league play. \$10 administrative fee if refund granted.</i> _____ Non-Resident Fees, if applicable (\$10 each) _____ Total Enclosed</div>		
Type of Payment:					
<input type="checkbox"/> Cash (Do not send in mail) <input type="checkbox"/> Check or money order (payable to "City of Bellevue") <input type="checkbox"/> Company Sponsor Check – credit card# required – will be charged if sponsorship check not received by 1 st game. <input type="checkbox"/> Charge Card (check type): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard					
Account #:			Expiration Date:		
Is your team new to Bellevue Volleyball League? _					
If it is, how did you find out about our league?					
If not, what season did your team play in last?					
Season:		Year:		Former team name:	

[illegible]



Bellevue Parks &
Community Services

Winter 2014 Women's Volleyball League

Injury/Liability Release Form and Roster

I, the undersigned participant on TEAM: _____, have voluntarily agreed to participate in Bellevue Parks and Community Services Fall[] Winter[☒] Spring[] Year[2014] Adult Volleyball League. As a participant, I recognize and understand the risks that are inherent in participating in this sporting activity. Acknowledging these risks, whether known or unknown, I hereby assume the risks of property damage, injury, illness or death associated with participation in this activity; I voluntarily agree to release City of Bellevue, its employees, representatives, volunteers and agents from any and all liability that may arise in connection with this activity; I agree that the terms hereof shall serve as an Assumption of Risks and Release for my heirs, estate, executor, administrator, assignees, guardians and for all members of my family; I hereby waive any and all rights and claims for injuries, damage or loss. I further agree to adhere to the rules and regulations established by Bellevue Parks and Community Services. In addition, I give my permission to have photos/videotapes taken without recompense during City of Bellevue activities and for publicity purposes.

CAUTION: By signing the signature line, I acknowledge that I have read this Waiver and Release, that I understand its contents and warning and that I knowingly and voluntarily agree to its terms.

Player's signature is required before playing.

Printed Name	Phone(s)	Residence Address	City	Zip	Resident?	Signature	Date
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12							

